

SPONSORED IMMIGRANTS APPLYING FOR OR RECEIVING CASH AID AND/OR FOOD STAMPS

Important Information For Immigrants Sponsored By Individuals

As an immigrant who is sponsored by an individual(s) you must meet special conditions to receive Cash Aid and/or Food Stamps if:

- You were admitted to the U.S. for permanent residence less than three years ago; AND
- You first applied for Cash Aid after September 30, 1981; OR
- You are applying for Food Stamps and your sponsor completed an affidavit of support on or after February 1, 1983.

The Special Conditions Are:

- Your sponsor's income and resources will have to be reviewed for you to receive benefits. Your sponsor must provide information on the attached form. Both you and your sponsor must sign this form.
- If your application is approved, you and your sponsor will have to complete monthly income and resource reports for Cash Aid. If your sponsor does not provide the information requested, you will not be eligible for Cash Aid. Family members who are not sponsored and are otherwise eligible can get benefits.
- **You are the person responsible for getting all the information requested to the county welfare department for both you and your sponsor.**

Important Information For Sponsors

The immigrant you sponsor has applied for Cash Aid and/or Food Stamps. If you completed an affidavit of support or similar agreement, State regulations require the county welfare department to evaluate your income, resources, and property in deciding whether or not the immigrant applicant can get benefits. This form must be completed and signed by you under penalty of perjury. If you are living with your spouse, your spouse's income, resources, and property are also counted.

If the immigrant's application for Cash Aid is approved, **each month** you will have to report your income, resources, and property on the Sponsor's Monthly Income and Resources Report (CA 72). The immigrant will provide you with the report form. Your report must be completed and returned to the immigrant immediately to ensure the immigrant's continued eligibility. Each month, resources and a portion of your income will be used to determine the immigrant's continued eligibility and benefits.

If the immigrant receives benefits to which he or she is not entitled because you failed to accurately report information, you and/or the immigrant may have to repay these benefits.

These requirements remain in effect for three years from the date the immigrant was admitted to the United States for permanent residence.

**SPONSOR'S STATEMENT OF FACTS
INCOME AND RESOURCES***(Supplemental Application For Food Stamps And Cash Aid)***INSTRUCTIONS:** PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR YOURSELF
AND YOUR SPOUSE (IF LIVING TOGETHER) AND RETURN IT TO THE IMMIGRANT IMMEDIATELY.**COUNTY USE ONLY**

CASE NAME: _____

CASE NO: _____

WORKER NO: _____

Immigrant's Name and Address

Proof may be needed to verify answers to the following questions.

① YOUR NAME (FIRST, MIDDLE, LAST) TELEPHONE NUMBER
()

HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

② YOUR SPOUSE'S NAME (IF LIVING TOGETHER) (FIRST, MIDDLE, LAST)

③ Do you or your spouse get Assistance such as: Aid to Families With Dependent Children (AFDC), Food Stamps, or Supplemental Security Income (SSI)? If Yes, complete below: ☐ Yes ☐ No

Case Name	Date of Birth	Type of Assistance	County	State

If **both** you and your spouse get Assistance and the immigrant is **not** applying for Food Stamps, complete only the Certification section on Page 3 and return the form. For all others, go to Question ④.

④ A. Have you or your spouse sponsored any other immigrant's entry into the United States? ☐ Yes ☐ No
If Yes, complete below:

Immigrant's Name	Immigrant's Address	Date of Admission to U.S.

B. Are any of the immigrants listed in ④A) receiving any type of Assistance such as: AFDC, Food Stamps or SSI? ☐ Yes ☐ No
If Yes, complete below:

Type of Assistance	Date First Applied	County	State

⑤ Do you or your spouse have other persons who are claimed or could be claimed as dependents for federal income tax purposes? ☐ Yes ☐ No
If Yes, complete below:

Name of Person(s)	Does Person Live With Sponsor
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFIED:

☐ Letter on File
☐ Verbal Communication
☐ Other: _____

VERIFIED:

☐ Affidavit of Support
on File
☐ Other: _____

☐ Verified☐ Verified

☐ IRS Form 1040 Viewed
☐ Other: _____

Claimed ☐ Yes ☐ NoClaimed ☐ Yes ☐ NoClaimed ☐ Yes ☐ NoClaimed ☐ Yes ☐ NoClaimed ☐ Yes ☐ No

⑥ Are you or your spouse currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below. Attach paystubs or other proof of earnings. If you or your spouse are self-employed list business expenses on a separate sheet of paper and attach proof of income and expenses.								
Name	Name of Employer	Gross Pay (Before Deductions)	How Often Paid (Weekly, Monthly, etc.)	Commissions or tips	Number of Tax Dependents Claimed	Check if Exempt	Enter Date Viewed Pay Stubs Other	
		\$		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		\$		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No		
⑦ Do you or your spouse receive or expect to receive any other income such as: Social Security, Unemployment/Disability Insurance, Child/Spousal Support, Veterans Benefits, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section below and attach proof of the income.								
Name	Type of Income	Amount	How Often Received	Check if Exempt	Specify Verification and Date Reviewed:			
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No				
⑧ Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.								
Resource	Sponsor	Spouse	Resource	Sponsor	Spouse			
Checks or Money (At Home or Elsewhere)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking, Savings, Credit Union Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, Bonds, Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes, Mortgages, Trust Deeds, Sales Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Specify below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Resource	Owner	Current Value	Location (Home, Bank, Address, etc.)	Account Number	Check if Exempt			
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No			
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No			
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No			
⑨ Do you or your spouse own or are you buying any real property, such as: a house, land, building, etc. If Yes, complete section below: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Name	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Co.	Check if Exempt	
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
⑩ Do you or your spouse own or use or are you buying any motor vehicles, such as: a car, truck, boat, trailer, van, camper, motorcycle, etc. If Yes, complete section below: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Name	Year, Make, Model	License Number and State of Registration	Amount of current License Fee	Balance Owed	Check if Exempt			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
If the immigrant is applying for Food Stamps only, skip questions ⑪ - ⑬. Complete the Certification section.								
⑪ Do you or your spouse who receive income pay any court ordered support? If Yes, enter the monthly amount \$ _____ Who pays? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Verified	
⑫ Do you or your spouse make support payments to other persons not living in your home? If Yes, complete section below: <input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Verified	
Who Pays		To Whom Paid (Name)			Amount Paid			
					\$			
					\$			
					\$			
					\$			
⑬ Do you or your spouse own or use personal property such as: Jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, other household furnishings. If Yes, complete section below: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Name	Name of Item	Date of Purchase	Purchase Price	Gift	Amount Owed	Net Market Value		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		1. _____		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		2. _____		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		3. _____		
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		4. _____		

CERTIFICATION

- I understand that if I don't give the right facts or all the facts on purpose, for the AFDC, Food Stamp or Cash-based Medi-Cal Programs, I can be punished: I can be legally accused of a crime. I can be fined up to \$10,000 for AFDC and \$250,000 for Food Stamps. And, I can go to jail/prison for up to 5 years for AFDC and 20 years for Food Stamps. In the AFDC and Food Stamp Programs, my benefits can be stopped for 6 months, 12 months, or forever.
- I understand that the information provided on this form may be verified by local, state and federal personnel.
- I understand that the immigrant's case, including my statement, may be selected for an additional review to ensure that the immigrant's eligibility was determined correctly.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

- If the immigrant is applying for Cash Aid, both you and your spouse must sign the form. If the immigrant is applying for Food Stamps only, either you or your spouse must sign the form.

SPONSOR'S CERTIFICATION:

- I declare under penalty of perjury under the laws of the United States of America and the State of California that the above information contained on this statement of facts is true, correct, and complete.

SPONSOR'S SIGNATURE OR MARK	DATE
SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

- If the immigrant is applying for Cash Aid, the immigrant must sign this form. If the immigrant is applying for Food Stamps only, the form must be signed by the immigrant, the head of household, a household member, or an authorized representative.

IMMIGRANT'S CERTIFICATION:

- I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury under the laws of the United States of America and the State of California that it is true, correct, and complete to the best of my knowledge.

IMMIGRANT'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

AFDC/Food Stamps-Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	AFDC Sponsor/Sponsor's Spouse - Income Computation	Food Stamp Computation - Deemed Income
<p>A. Items: VALUE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>B. Total \$</p> <p>C. Less - 1500.00</p> <p>D. Equals Subtotal =</p> <p>E. Divide D by the number of sponsored immigrants on AFDC =</p> <p>F. Divide D by the number of sponsored immigrants on Food Stamps =</p> <p>The amount in E or F is to be included in the immigrant's property limits for AFDC and Food Stamps.</p>	<p>A. Earned Income \$</p> <p>B. Less 20% of A (Not to exceed \$175) -</p> <p>C. Equals Total =</p> <p>D. Plus Unearned Income +</p> <p>E. Equals Subtotal =</p> <p>F. Less MBSAC for sponsor and for tax dependents living outside the household -</p> <p>G. Equals Subtotal =</p> <p>H. Less amounts paid by the sponsor for tax dependents living outside the household -</p> <p>I. Less child/spousal support paid -</p> <p>J. Equals Subtotal =</p> <p>K. Number of sponsored immigrants in AU =</p> <p>L. Divide J by K ÷</p> <p>The amount in L shall be deemed the unearned income of each of the sponsored immigrants.</p>	<p>A. Total earned income \$</p> <p>B. Adjusted earned income (80% of A) +</p> <p>C. Unearned income =</p> <p>D. Total gross income (B+C) +</p> <p>E. Gross income eligibility limit -</p> <p>F. Deemed income (unless prorated) (D-E) =</p> <p>G. Deemed income (when prorated) (F ÷ number of Food Stamp immigrants sponsored) =</p>

E. W. SIGNATURE	E. W. SUPERVISOR	DATE
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